

killed. It seems to me doctors should not involve themselves in this type of process.

Parsons and Lock's paper confirms with factual data what, in retrospect the profession thinks about such matters. It is not appropriate for them to draw up criteria for treatment or rejection of patients who may benefit from dialysis. The line of action seems to be clear. A lottery system offers equal chance to those we have to care for. The responsibility however to make society aware of this is grave. We must let the pressure groups, politicians and administrators know what we are doing and why. It is up to them to provide resources for our patients. It is for them to distinguish between the value of building a new road and the value of saving lives. The doctor should have nothing to do with it. The sooner we act in this way the closer we will approach the end of the revolution that is taking place. The longer the conspiracy of patching up and covering the cracks goes on the longer serious decisions about our society and the way it is run will be put off. This will generate serious problems and solutions which are not ideal will be forced upon us. The disquiet expressed by Parsons and Lock is real. The more doctors that express it and the sooner they do so in their individual fields the sooner we may reach a consensus.

## References

- (1) Parsons V, Lock P. Focus: Triage and the patient with renal failure. *Journal of medical ethics* 1980; 6: 173-176.
- (2) Kaye M. Correspondence. *Journal of medical ethics* 1981; 7: 111

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## Dr C J Brackenridge

SIR

We have received today (11 May 1981)\* copies of Volume 7 Number 1 of your journal. It is with regret that we write to let you know that Dr Brackenridge died in November last year. As I am sure you would agree his death is a loss to the academic world and also the scientific one. It is just a pity he will not be able to comment on some of your readers' responses to his article (1).

## Reference

- (1) Brackenridge C J. Ethical aspects of plans to combat Huntington's chorea. *Journal of medical ethics* 1981; 7: 24-27.

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\*Editor's parenthesis. We regret that we received this letter too late for our June issue, but appreciate being able to publish this tribute even though it is somewhat belated.

## Ill-disguised animus— a dispiriting review SIR

Professor Downie's review (in your June 1981 issue) of the three papers on 'Prolongation of Life' published by The Linacre Centre is dispiriting. It is difficult to know whether it is worth responding to a writer from whom one had reason to expect philosophical criticism but who in the event indulges in an ill-disguised exhibition of animus. However, in the interests of proper standards in public debate and out of respect for the pretensions of your journal, if not the performance of your editorial colleague, I should like to make the following observations.

Downie claims to find two major pieces of inconsistency within the arguments of the three papers. The first is an inconsistency alleged to hold between, on the one hand, characterising the human life which commands our respect in terms of 'a capacity for human flourishing' and, on the other hand, adversely criticising those (like Lorber) who believe it possible to distinguish between lives which are and lives which are not worth living. In order to see that there is no inconsistency here it is important to bear in mind the distinction between a capacity and the exercise of that capacity. There is no obvious inconsistency in holding that someone gravely impaired in the exercise of a capacity is just as worthy of respect as someone who enjoys a richly developed exercise of that capacity – if what commands one's respect is precisely possession of the capacity. Since the radical capacity referred to in Paper 1 was 'mind' (a 'second-order' capacity in Kenny's useful terminology) and since there must be a presumption that any member of the human (biological) species possesses this

capacity, then reference to this capacity is in no clear way inconsistent with holding that every human being is of equal value.

The second inconsistency alleged is between the anti-consequentialism of the papers (especially Paper 1) and Paper 3's lapse into 'utilitarianism' in the discussion of clinical cases. In particular, decisions to withhold or withdraw treatment on the grounds that the treatment would be burdensome are said to be utilitarian in character.

Now 'utilitarian' is a protean term so that Downie needs to attend to the way the papers characterise the utilitarianism to which they take exception. Paper 1 (p 6) argued against any form of consequentialism which must assume the commensurability of basic goods, claiming that this was an assumption which could not be soundly made. Is one involved in making this kind of assumption in raising and answering the questions which Paper 3 takes to be relevant to decisions to withdraw or withhold treatment? Those questions are: is treatment futile? is the risk/benefit ratio of treatment unacceptable? does the benefit to be expected from treatment justify the burdens – physical, psychological or financial – which treatment will involve? It is not necessary in answering these questions to make covert assumptions about the commensurability of basic goods or, in particular, about the possibility of measuring the value of a human life. These questions are discussed in the Roman Catholic moral tradition within the controlling assumptions that there are limits to duty in respect of care for one's own life and health; that some activities are supererogatory; and that the so-called doctrine of the sanctity of life is primarily negative in its import (absolutely forbidding the intentional killing of the innocent).

One would not guess from Downie's final paragraph that Paper 1 presents a rationale for the existence of certain absolute prohibitions by reference to the idea of openness to the basic goods which are constitutive of human flourishing: anything which amounts to treating any of these goods as instrumental is a failure in openness. A critique of this line of thought might have been instructive. But Downie writes as if the papers gratuitously invoke absolute prohibitions on killing (in fact, the relevant prohibition is on